Alaska Department of Labor
and Workforce Development
Fishermen's Fund
PO Box 111149
Juneau, AK 99811-1149

Fishermen's Fund
PHYSICIAN'S REPORT

Toll Free: 1-888-520-2766
Telephone: (907) 465-2766
Fax: (907) 465-5345
Email: FishFund@Alaska.gov
www.labor.state.ak.us/wc/fishfund.htm

Before the Alaska Commercial Fishermen's Fund may approve benefit payments, Alaska Regulation 8 AAC 55.020(a)(2) requires that the Fund receive a physician's report of treatment. Provider's bills will not be approved until a physician's report has been received.

Record of Examination			
1. Patient's Name (Last, First, Middle Initial)		2. Date of Injury	3. Social Security Number
4. Date of first examination	5. Date(s) of Treatment From: Through:		6. Date of Discharge from Treatment
7. Did injury require hospitalization? ☐Yes ☐No (if no, go to item #11)	8. Date of Admission	9. Date of Discharge	10. Additional Hospitalization Required? ☐Yes ☐No (if yes, describe in item #25)
11. What treatment did you provide? Provide details or attach chart notes			
12. What is your diagnosis? Provide details or attach chart notes			
13. Do you believe the condition found was caused or aggravated by commercial fishing activity? ☐Yes ☐No Please explain your answer:			
14. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? ☐Yes ☐No If yes, please describe			
15. Remarks			
Signature of attending physician			
16. Name of Physician	17. Facility Name		18. Tax ID Number
19. Mailing Address			20. Phone Number ( )
21. City State Zip Code			
22. Signature of Physician Date			

Warning: It is a crime to provide false information for the purpose of defrauding the Alaska Commerical Fishermen's Fund, or any other person. Penalties include fines and/or imprisonment. In addition, the Fund may deny payment of all benefits if false information materially related to this claim was provided by the treating physician.